PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/717,028 **FEE TRANSMITTAL** Filing Date November 18, 2003 For FY 2009 First Named Inventor Bo Li Examiner Name Connie P. Johnson Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1795 TOTAL AMOUNT OF PAYMENT 180.00 Attorney Docket No. H0005567.36146 US -4780 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): ✓ Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below ✓ Charge fee(s) indicated below, except for the filing fee. Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 270 220 110 Design 220 110 100 50 140 70 Plant 220 110 330 165 170 85 Reissne 330 165 540 270 650 325 Provisional 220 110 0 0 a 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late/filing surcharge): Information Disclosure Statement 180.00 SUBMITTED BY Registration No. Signature Telephone 949-2

This collection of information is required by 27 CFR 1.186. The information is required to detain or minin a benefit by the public which is to fille (and by the USPT) to process an anaption to Confederably's powering by \$1.5.0.5. CL23 and \$2 CFR 1.145. This collections estimated to use at 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Then with exploration confederably and submitting the complete application form to the USPTO. Then with exploration of the confederably and submitting the submitted properties of the confederably application on the amount of time by our capier to complete thes form and/our suppositions for mindering the burden, should be sent in the Chell information Office. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Neurandria, VA 22313-1450. DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Neurandria, VA 22313-1450.

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